

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
August 9, 2012**

IM 5146

TO: County Social Service Directors
Economic Assistance Policy Regional Representatives
Economic Assistance Policy Quality Control Reviewers

FROM: Carol Cartledge, Director, Economic Assistance Policy
Maggie Anderson, Director, Medical Services

SUBJECT: SFN 162, Request for Hearing

PROGRAMS: TANF, SNAP, LIHEAP, CCAP, Medicaid and Healthy Steps,
BCAP

EFFECTIVE: Immediately

RETENTION: Until Manualized

**SECTIONS
AFFECTED:** 448-01-30-10, Right to Appeal and Fair Hearing
448-01-30-20, County Responsibilities – Appeals and Fair
Hearings
448-01-60-05, SFN 162 – Request for Hearing

As a result of an increase in the number of Requests for Appeals and Fair Hearings being received electronically, the following change is being made when counties submit those requests to the Legal Advisory Unit.

Note: The process when an applicant or recipient requests an Appeal or Fair Hearing using the SFN 162 has not changed.

When an application or recipient requests a hearing not using the SFN 162, Request for Hearing, the county must complete an SFN 162, Request for Hearing, based on the information available. When the county is completing the SFN 162, they must not sign the form.

Following are the instructions for the county when completing the SFN 162, Request for Hearing:

- 'Program Name' Section – Enter the program name the client is appealing.
- 'APPEAL OF' Section – Enter the Name, Telephone Number, Address, City, State and Zip Code of the individual who is appealing.
- 'STEP 1' Section – Attach a copy of the notice that includes the decision the applicant or recipient is appealing.
- 'STEP 2:' Section – Indicate 'Copy of Request for Appeal is attached (or if a verbal request was received for SNAP, verbal request) in this box and include the date the applicant or recipient requested the appeal.
- 'STEP 3: Section – If the recipient has provided this information, mark the appropriate box. If the recipient has not provide this information, leave the boxes blank.
- Step 4: Section – Complete the Name, Telephone Number, Address, City, State and Zip Code of the individual assisting the application or recipient in their appeal, if known. If not known, leave blank.
- Step 5: Section – Do not complete.

Once the SFN 162, Request for Hearing has been completed, attach a copy of the email or written correspondence and forward it for processing, to the:
Department of Human Services
Appeals Supervisor
600 E. Boulevard Ave., Dept. 325
Bismarck ND 58505

Note: When submitting the SFN 162, to save time, the county can certainly include the appeal background report.

If you have any questions, please contact your Regional Representative.